## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



DLN: 93493137048760

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Form **990** 

<b>B</b> Ch							Inspection		
_	or the 2	2008 calendar	year, or tax year beginning 07	-01-2008 and ending 06-30-200	9				
	eck if ap	pplicable <b>Please</b>	C Name of organization Rabbi Isaac Elchanan Theolo	ucal Seminary		D Employer ident	ification number		
Ad	dress ch	ange use IR	S			13-2673756			
– Na	me char	nge <b>print</b> o	or Doing Business As			E Telephone num	ber		
– <sub>Ini</sub>	tıal retur	rn Specif		ox if mail is not delivered to street addre	es) Poom/suite	(212) 960-54			
_	minatioi		2540 AMSTERDAM AVENUE		ess) Room/suite	G Gross receipts	\$ 91,907,510		
_	nended r plication	return pending	City or town, state or countr NEW YORK, NY 10033	, and ZIP + 4					
		F	Name and address of Principa	l O fficer	H(a) Is the	s a group return fo	or		
		25	BBI YONA REISS 40 AMSTERDAM AVENUE		affilia		TYes ▼ No		
Та	ax-exem		<u>W Y O R K , N Y 10033</u> D1(c) (3) <b>◀</b> (insert no )	(a)(1) or	1 ` ′	l affiliates included?			
		e: ► www riets		(-/(-/ 0.	<b>-</b>	o," attach a list S p Exemption Num	•		
	ne of ora	Januzation 🔽 Cor	poration trust association o	ther 🌬	L Year of For	rmation 1897 M St	ate of legal domicile NY		
	e or org	Janization jo Cor		uici F	- L Teal of For	1097   14 30	ate of legal dofficile. Wi		
Pa	rt I								
		•	e the organization's mission o	•			•		
<u> </u>			hanan theological seminary pi ell as community learning and	ovides rabbinical and judaic stud	y programs to	approximately 34	0 seminary		
aovemance		students, as w	sir as community learning and	readership training programs					
<u>.</u>	2	Check this how	T if the organization discont	inued its operations or disposed o	of more than 2	5% of its assets			
Ş			•				41		
				pody (Part VI, line 1a)					
ě				e governing body (Part VI, line 1	D)		41		
Ě			femployees (Part V, line 2a)			5	134		
Activities &			f volunteers (estimate if nece			6	41		
	7a	Total gross un	related business revenue from	Part VIII, line 12, column (C)		7a	0		
	b	Net unrelated	ousiness taxable income from	Form 990-T, line 34		7b	0		
					Prio	or Year	Current Year		
	8	Contributions	and grants (Part VIII, line 11			5,556,916	5,705,332		
₽	9	Program serv	ice revenue (Part VIII, line 2	g)		4,932,487	5,408,346		
Ravenue	10			lines 3, 4, and 7d)		-12,320,431	-13,560,154		
æ	11	O ther revenu	e (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		338,480	12,047		
	12	Total revenue		st equal Part VIII, column (A), lin	e				
		12)					-2,434,429		
	13		milar amounts paid (Part IX, c	, ,,		4,932,487	5,796,367		
	14	Benefits paid	to or for members (Part IX, co	lumn (A), line 4)		0	(		
8	15	Salaries, othe 10)	r compensation, employee be	nefits (Part IX, column (A), lines	5- 4,848,449 5,315,				
Expenses	16a	•	fundraising fees (Part IX, colu	mn (A), line 11e)		0	(		
ੜ	ь	(Total fundraisin	g expenses, Part IX, column (D), line	25 493,751					
_	17	Otherexpens	es (Part IX, column (A), lines	11a-11d, 11f-24f)		9,062,492	6,986,217		
	18	Total expens	es—add lines 13–17 (must ec	ual Part IX, line 25, column (A))		18,843,428	18,097,63		
	19	Revenue less	expenses Subtract line 18 fr	om line 12	-20,335,976 -20,532,				
	$\top$			Reginni	ng of Year	End of Year			
					Deg				
secons spances	20	Total assets	(Part X, line 16)			162,607,473			
n Assets or ed Balances	20 21		(Part X, line 16) es (Part X, line 26)				123,878,035		
_	21 22	Total liabilitie Net assets o	es (Part X, line 26) fund balances Subtract line	21 from line 20		162,607,473	123,878,035 18,907,971 104,970,064		
	21	Total liabilitie Net assets o Signature	es (Part X, line 26) fund balances Subtract line : Block			162,607,473 20,201,638 142,405,835	123,878,039 18,907,971 104,970,064		
	21 22	Total liabilitie Net assets o Signature Under penalties	es (Part X, line 26)  fund balances Subtract line in the Block  of perjury, I declare that I have example.	21 from line 20  nined this return, including accompanying on of preparer (other than officer) is base	schedules and s	20,201,638 142,405,835 tatements, and to the	123,878,039 18,907,973 104,970,064 best of my knowledge		
Pa Plea	21 22 rt II	Total liabilitie Net assets o Signature Under penalties	es (Part X, line 26)  fund balances Subtract line in the Block  of perjury, I declare that I have example.	nined this return, including accompanying	schedules and side on all information	20,201,638 142,405,835 tatements, and to the	123,878,039 18,907,973 104,970,064 best of my knowledge		
Pa Plea Sign	21 22 rt III	Total liabilitie Net assets o  Signature  Under penalties and belief, it is t	es (Part X, line 26) fund balances Subtract line in the Block of perjury, I declare that I have example, correct, and complete Declaration.	nined this return, including accompanying	schedules and side on all information	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer	123,878,035 18,907,971 104,970,064 best of my knowledge		
Pa Plea Sigi	21 22 rt III	Net assets o  Signature  Under penalties and belief, it is to the signature of the signatur	es (Part X, line 26)  fund balances Subtract line 3  Block  of perjury, I declare that I have example, correct, and complete Declaration	nined this return, including accompanying	schedules and sted on all informat	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer	123,878,033 18,907,973 104,970,064 best of my knowledge		
Pa Plea Sign	21 22 rt III	Net assets o  Signature  Under penalties and belief, it is to the signature of the signatur	es (Part X, line 26) fund balances Subtract line in Block  of perjury, I declare that I have example, correct, and complete Declaration	nined this return, including accompanying on of preparer (other than officer) is base	schedules and sind on all information detection and sind all information detection det	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer	123,878,035 18,907,971 104,970,064 best of my knowledge		
Pa Plea Sigi	21 22 rt III	Net assets o  Signature  Under penalties and belief, it is to the signature of the signatur	es (Part X, line 26)  fund balances Subtract line 3  Block  of perjury, I declare that I have example, correct, and complete Declaration	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and sind on all information depends on all information depends on the school of the school	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer	123,878,035 18,907,971 104,970,064 best of my knowledge has any knowledge		
Plea Sigi Her	21 22 rt III	Net assets o  Signature  Under penalties and belief, it is to the signature of the signatur	es (Part X, line 26)  fund balances Subtract line 3  Block  of perjury, I declare that I have example, correct, and complete Declaration	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and sind on all information detection and sind all information detection det	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer	123,878,035 18,907,971 104,970,064 best of my knowledge has any knowledge		
Plea Sigi Her Paid	21 22 rt III	Net assets o  Signature  Under penalties and belief, it is to the signature of the signatur	es (Part X, line 26)  fund balances Subtract line in the Block  of perjury, I declare that I have example, correct, and complete Declaration officer  WER CHIEF FINANCIAL OFFICER name and title	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and sized on all information Date  Check if self-	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer -05-15  Preparer's PTIN (Se	123,878,039 18,907,973 104,970,064 best of my knowledge has any knowledge		
Plea Sign Her Paid	21 22 rt III ase n e	Net assets o  Signature  Under penalties and belief, it is to the signature of the signatur	Block  If fund balances Subtract line is Block  If perjury, I declare that I have example, correct, and complete Declaration in the best personal p	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and sized on all information Date  Check if self-	162,607,473 20,201,638 142,405,835 tatements, and to the ion of which preparer	123,878,039 18,907,973 104,970,064 best of my knowledge has any knowledge		

May the IRS discuss this return with the preparer shown above? (See instructions) . . . .

┌Yes ┌No

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
See A	dditional Data Table				
2	Did the organization undertake any si	gnıfıcant program servı	ces during the year	which were not listed on	
	the prior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		nanges in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ons and 4947 (a)(1) trus	ts are required to r	eport the amount of grants	
4a	(Code ) (Expenses \$ RABBI ISAAC ELCHANAN THEOLOGICAL SEMII SCHEDULE O		cluding grants of \$ . AND JUDAIC STUDY PR	4,834,191 ) (Revenue \$ OGRAMS TO APPROXIMATELY 340	5,346,197 ) ) SEMINARY STUDENTS SEE
4b	(Code ) (Expenses \$ Community learning, education and leadersh		luding grants of \$ CHEDULE O	) (Revenue \$	62,149 )
4c	(Code ) (Expenses \$	inc	luding grants of \$	) (Revenue \$	)
4d	Other program services (Describe i (Expenses \$	n Schedule O ) including grants of\$		) (Revenue \$	)
4e	Total program service expenses \$	16,139,569	Must equal Part IX,	Line 25, column (B).	

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
	Parts VI, VIII, VIII, IX, or X as applicable	11	163	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Complianc	е				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	53			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	l Did the organization comply with backup withholding rules for reportable payments t					
·	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	134			
h	If at least one is reported in 2a, did the organization file all required federal employn					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account).			4a		No
<b>.</b>	account)?					110
ь	If "Yes," enter the name of the foreign country IS  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	nort o	f Foreign Pank and			
	Financial Accounts.	port o	i FOIEIGII DAIIK ANU			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	trıbutı	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to			
	file Form 8282?	_		7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	3899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for	ıle a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the		,	8		Νo
_	year?				I	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		NI -
	Did the organization make any taxable distributions under section 4966?			9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person	· ·		9b		N o
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders					
		11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
	agamat amounts due of received nom them /		l			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lleud	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year				I I	

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

about policies not required by the Internal Revenue Code.)	
Section A. Governing Body and Management	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	41					
ь	Enter the number of voting members that are independent	1b	41					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•		3		Νο		
4	Did the organization make any significant changes to its organizational documents stilled? $\cdot$	ince t	he prior Form 990 was	4		Νο		
5								
6	<b>6</b> Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο		
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
b	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
Ь	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νο		

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

J MICHAEL GOWER 500 W 185TH STREET NEW YORK, NY 10033 (212) 960-5470

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(tion that a			all			(E)	(F	·)
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estim amount comper from organiza rela organiz	of other is ation the tion and ted
1b	Total							<b>-</b>	685,98	9	0	373,852
1b 2	Total	ıg those ın 1							<u> </u>		0	373,852
	Total number of individuals (includin	ıg those ın 1							<u> </u>		Yes	373,852
	Total number of individuals (includin	ng those in 1 ►3 officer, direc	a) who	recei	ved e, k	mor	e thar	n \$1	00,000 in reportab	le	<u> </u>	1
2	Total number of individuals (including compensation from the organization)  Did the organization list any former	officer, directle J for such	a) who is tor or to individuo reporta	ruste	e, k	mor ey e	e thar mploy	/ee,	or highest compens	sated employee	Yes	No
3	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization.	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00	e, k omp 0? l	ey e ens f "Y fror	mploy ation es," co	ee, and ompi	or highest compensor other compensation lete Schedule J for su	sated employee  n from the  uch  for services	Yes	No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of this greater the sum of	a) who	ruste ual ble c 0,00	e, k omp 0? l	ey e ens f "Y fror	mploy ation es," co	ee, and ompi	or highest compensor other compensation lete Schedule J for su	sated employee  n from the  uch  for services	Yes  3  4 Yes	No No
2 3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who istor or to individual reportations \$15 is see comp. Schedule	ruste ual ble c 0,00  ensa	e, k omp 0? I	ey e ens f "Y fror	e thar mploy ation fes," co	\$1 \$1	or highest compensation of the compensation of	sated employee  n from the  uch  for services	Yes  3  4 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	tor or t individual reporta nan \$15  ue comp Schedule	ruste ual ble c 0,00  ensa	e, k omp 0? I	ey e ens f "Y fror	e thar mploy ation fes," co	\$1 \$1	or highest compensation of the compensation of	sated employee n from the uch for services	Yes  3  4 Yes  5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	tor or t individual reporta nan \$15  ue comp Schedule	ruste ual ble c 0,00  ensa	e, k omp 0? I	ey e ens f "Y fror	e thar mploy ation fes," co	\$1 \$1	or highest compensation of the compensation of	sated employee n from the uch for services	Yes 3 4 Yes 5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	tor or t individual reporta nan \$15  ue comp Schedule	ruste ual ble c 0,00  ensa	e, k omp 0? I	ey e ens f "Y fror	e thar mploy ation fes," co	\$1 \$1	or highest compensation of the compensation of	sated employee n from the uch for services	Yes 3 4 Yes 5	No No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	tor or t individual reporta nan \$15  ue comp Schedule	ruste ual ble c 0,00  ensa	e, k omp 0? I	ey e ens f "Y fror	e thar mploy ation fes," co	\$1 \$1	or highest compensation of the compensation of	sated employee n from the uch for services	Yes 3 4 Yes 5	No No

VIII								
					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	0				
nts nts	ь	Membership d	ues	0				
gra	_	F.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1b	606,822				
્રે. ⊞	С	rundraising ev	vents <b>1c</b>					
#g# E	d	Related organ	ızatıons1d	410,927				
πs,	e	Government grar	its (contributions) <b>1e</b>	0				
atio er s	f		tions, gifts, grants, and not included above	4,687,583				
Contributions, gifts, grants and other similar amounts			<b>1</b> f					
풀	g	Noncash cont lines 1a-1f \$	ributions included in 140,576					
ပဏ	h		es 1a-1f)	,	5,705,332			
-				Business Code				
anı	2a	STUDENT TUITIO	N & FEES	900,099	4,834,191	4,834,191		
wer	ь	EDUCATIONAL CO	ONTRACTS	900,099	512,006	512,006		
24	с	EDUCATIONAL PR	OGRAMS	900,099	62,149	62,149		
ЭM.	d							
Program Service Revenue	e							
ram	f	All other prog	ram service revenue					
řogi								
	g	<b>Total. Add line ▶</b> \$ 5,408,346	es 2a-2f					
	3	Investment in	come (including divi	dends, interest				
		other sımılar a	imounts)		227,713			227,713
	4	Income from inve	estment of tax-exempt b	•	0			
	5	Rovalties .			0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents		187,500				
	b	Less rental expenses						
	с	Rental income		187,500				
	d	or (loss) Net rental inc	ome or (loss)		187,500			187,500
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	80,283,874	0				
	ь	Less cost or other basis and sales expenses	94,071,741 -13,787,867	0				
	c d	Gain or (loss) Net gain or (lo		0	-13,787,867			-13,787,867
								,,
Other Revenue	8a	events (not in  \$9 of contribution 1c) See Part Attach Schedul \$15,000	4,745 ns reported on line IV, line 18 e G if total exceeds a	606,822				
the	b c		xpensesb (loss) from fundrais		-175,453			-175,453
0	9a			ling events ▶	-,			
	9a	Gross income activities See Complete Schee exceeds \$15,00	e part IV , line 19 dule G if total 20					
	ь	1000 400-4-	a vnancas <b>h</b>	0				
	С	Net income or	xpensesb (loss) from gaming a	0 activities	0			
	10a	Gross sales o returns and al	finventory, less lowances . a	0				
	b		goods sold <b>b</b>					
	С		(loss) from sales of	·	0			
	11a	Miscellaneou	s Kevenue	Business Code				
	11a b							
	С							
	d		nue					
	е	rotal. Add line	es 11a-11d	\$ 0				
	12		. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	-2,434,429	5,408,346	0	-13,548,107
		8c, 9c, 10c, and 1	l1e	. ▶				

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	154,800	154,800		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,641,567	5,641,567		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	, ,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	423,240	423,240	0	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,152,011	4,152,011		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	200,444	200,444		
9	Other employee benefits	305,832	305,832		
10	Payroll taxes	233,520	233,520		
11	Fees for services (non-employees)				
а	Management	0			_
b	Legal	242,828	242,828		
c	Accounting	40,625	40,625		_
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	202,625	140,948	61,677	
12	Advertising and promotion	60,849	60,849		
13	Office expenses	410,430	410,383	47	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	363,680	363,680		
17	Travel	86,996	86,996		_
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	,		
19	Conferences, conventions and meetings	136,956	136,956		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	127,479	127,479		
23	Insurance	16,343	16,343		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	ALLOCATED EXPENSES	1,799,996	1,306,245		493,751
ь	ISRAEL PRO GRAMS	976,748	976,748		·
c	SECURITY	1,682,226	330,256	1,351,970	-
d	BAD DEBTS	436,635	436,635		
e	EDUCATIONAL STIPENDS	97,032	97,032		-
f	All other expenses	304,769	254,152	50,617	
25	Total functional expenses. Add lines 1 through 24f	18,097,631	16,139,569	1,464,311	493,751
26	Joint Costs. Check  fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	10,077,031	10,133,303	1, 107,011	123,731

Dart V	Balance	Shoot
Part X	Balance	Sheet

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		131,684	1	11,740
	2	Savings and temporary cash investments		263,550	2	104,427
	3	Pledges and grants receivable, net		3,680,429	3	3,809,339
	4	Accounts receivable, net		216,332	4	228,764
	5	Receivables from current and former officers, directors, trustees, key e other related parties <i>Complete Part II of Schedule L.</i>			5	
Fund Balances Liabilities Assets	6	Receivables from other disqualified persons (as defined under section 4 persons described in section 4958(c)(3)(B) Complete Part II of Schedul	1958(f)(1)) and		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
22	9	Prepaid expenses and deferred charges			9	
ıssei	10a	Land, buildings, and equipment cost basis	4,064,697			
•	ь	Less accumulated depreciation Complete Part VI of	4,004,007			
	,	Schedule D	3,719,033	448,195	10c	345,664
	11	Investments—publicly traded securities		27,757,796	11	30,684,958
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	of	129,068,473	12	87,928,215
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII of Schedule D$ .			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	1,041,014	15	764,928	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		162,607,473	16	123,878,035
	17	Accounts payable and accrued expenses .	551,065	17	691,221	
	18	Grants payable			18	
ls.	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D			21	
bilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L	•		22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		19,650,573	25	18,216,750
	26	Total liabilities. Add lines 17 through 25		20,201,638	26	18,907,971
<b>У</b>		Organizations that follow SFAS 117, check here ► ✓ and complete lin through 29, and lines 33 and 34.	es 27			
ant	27	Unrestricted net assets		35,404,631	27	10,135,718
Ba	28	Temporarily restricted net assets		28,845,253	28	15,974,198
귤	29	Permanently restricted net assets		78,155,951	29	78,860,148
		Organizations that do not follow SFAS 117, check here ► and comp lines 30 through 34.	let e			
S OF	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		142,405,835	33	104,970,064
_	34	Total liabilities and net assets/fund balances		162,607,473	34	123,878,035
		Financial Chatamagnets and Barrary's				
Pa	rt XI	Financial Statements and Reporting				

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b	·	

**Employer identification number** 

#### DLN: 93493137048760

OMB No 1545-0047

#### **SCHEDULE A Public Charity Status and Public Support** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Rabbi	Isaac E	Ichanan Theolo	gical Seminary						<b>,</b>				
								13	-2673756	5			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)			
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)					
1	Γ	A church, o	onvention of cl	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)(	(A)(i).				
2	<u>~</u>	A school d	chool described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	Γ	A hospital	or a cooperatıv	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H )		
4	Γ	A medical	research organ	ızatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's i	name, city, and	state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )									
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public		
		described i	n Section 170(I	<b>b)(1)(A)(vi)</b> (Complete Par	tII)								
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	Γ	An organiz	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gross		
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of		
		ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses		
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruci	tions )		
11	Γ			and operated exclusively fo									
			one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h  a											
e	$\vdash$		• •	rtify that the organization is									
_	'	•		agers and other than one or			•			•	•		
		section 50	9(a)(2)										
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,		
g		check this		as the organization accented	d any dift	or contrib	ution from	any of the			1		
9		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No		
		and (111) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i) No		
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(	ii) No		
		(iii) a 35%	controlled ent	ity of a person described in (	(ı) or (ıı) al	bove?				11g(	iii) No		
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports			<u></u>			
			·		1				1				
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) A mount of		
		oorted nization		(described on lines 1-9 above or IRC section		ation in Iisted in		inization i <b>)</b> of your		ation in organized	support?		
	Organ	iizatioii		(See Instructions))		verning		ort?		US?			
				(		ment?							
					Yes	No	Yes	No	Yes	No			

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** Rabbi Isaac Elchanan Theological Seminary

		13-2673756
		nds or Accounts. Complete if the
organization answered "Yes" to Form 99		(b) Funds and other accounts
Total number at end of year	1	(2) Fallas and other decoding
·		
, , , , , , , , , , , , , , , , , , ,	24,900	
, , , , , , , , , , , , , , , , , , ,	·	
Did the organization inform all donors and donor advi	sors in writing that the assets held in dono	radvised <b>✓ Yes                                   </b>
	3 3	may be  ✓ Yes
<b>Conservation Easements.</b> Complete	f the organization answered "Yes" to	Form 990, Part IV, line 7.
	on or pleasure)	historically importantly land area tified historic structure
Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form (	of a conservation easement  Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easements		2b
·		2c
	` ,	2d
, ,		<u> </u>
	rred, released, extinguished, or terminated	by the organization during
		tions, and Yes No
A mount of expenses incurred in monitoring, inspecting	ig, and enforcing easements during the yea	ar ► \$
Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sect	on Yes No
balance sheet, and include, if applicable, the text of t	he footnote to the organization's financial s	
		or Other Similar Assets.
art, historical treasures, or other similar assets held	for public exhibition, education or research	h in furtherance of public service,
historical treasures, or other similar assets held for p	oublic exhibition, education, or research in	·
(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, histo		financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		<b>▶</b> - \$
Assets included in Form 990, Part X		<b>⊳-</b> \$
	Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate Value at end of year Did the organization inform all donors and donor advise funds are the organization's property, subject to the organization inform all grantees, donors, and used only for charitable purposes and not for the benefits of the organization of land for public use (e.g., recreated Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreated Preservation of land for public use (e.g., recreated Preservation of open space Complete lines 2a-2d if the organization held a qualified on the last day of the tax year  Total number of conservation easements Number of conservation easements on a certified his Number of conservation easements modified, transfer the taxable year  Number of conservation easements modified, transfer the taxable year  Number of states where property subject to conservation easement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting to the property of the conservation of easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easement reported on line 2 170(h)(4)(B)(ii) and 170(h)(4)(B)(iii)?  In Part XIV, describe how the organization reports conservation easement reported on line 2 170(h)(4)(B)(ii) and 170(h)(4)(B)(iii)?  In Part XIV, the text of the footnote to its finitive organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its finitive organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part X If the organization received or held works	Total number at end of year  Aggregate Contributions to (during year) Aggregate Contributions to (during year) Aggregate Value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds in used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Ell Conservation Easements. Complete if the organization answered "Yes" to Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of pen space  Complete lines 2a – 2d if the organization held a qualified conservation contribution in the formion the last day of the tax year  Total number of conservation easements  Number of conservation easements sincluded in (c) acquired after 8/17/06  Number of conservation easements included in (c) acquired after 8/17/06  Number of conservation easements included in (c) acquired after 8/17/06  Number of states where property subject to conservation easement is located P  Does the organization have a written policy regarding the periodic monitoring, inspection, violat enforcement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the venture of the conservation easements in the requirements of section (20) (4) (4) (8) (4) (8) (4) (8) (7) (7) (4) (4) (4) (8) (7) (7) (7) (4) (4) (4) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7

ar	Organizations Maintaining Co	llections of Art, H	istori	<u>cal Treasu</u>	res, or Other	· Similar As	sets (	continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of	the fol	lowing that are	e a sıgnıfıcant us	e of its collect	:ion	
а	Public exhibition	d	Γ	Loan or exch	nange programs			
b	Scholarly research	е	Γ	Other				
С	Preservation for future generations							
ı	Provide a description of the organization's co Part XIV	llections and explain h	ow the	y further the o	rganızatıon's ex	empt purpose	n	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t						Г Yes	┌ No
Pai	t IV Trust, Escrow and Custodial A				nızatıon answe	ered "Yes" to	Form	990,
	Part IV, line 9, or reported an am	•		•				
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?		ry for d	ontributions o	rotherassets n		┌ Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						An	nount	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	. ?				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
<sup>2</sup> a	rt V Endowment Funds. Complete i				Form 990, Part o Years Back (d)T		(=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Voore Doole
a	Beginning of year balance	(a)Current Year 153,001,404	<b>(b)</b> Prior	real (C)IW	TO TEATS BACK ((u))	illee reals back	(e)roui	Teals back
b	Contributions	1,284,617						
c	Investment earnings or losses	30,476,688						
d	Grants or scholarships							
e	Other expenditures for facilities	4,449,836						
	and programs							
f	Administrative expenses	4,568,213						
g	End of year balance	175,744,660						
	Provide the estimated percentage of the year	end balance held as						
а	Board designated or quasi-endowment 🕨	136 %						
b	Permanent endowment 🕨 864%							
c	Term endowment ▶							
а	Are there endowment funds not in the posses	sion of the organizatio	n that	are held and a	dmınıstered for t	he	Г <u>ч</u>	<del></del>
	organization by  (i) unrelated organizations					3a(	i) Yes	
	(ii) related organizations					3a(		
b	If "Yes" to 3a(II), are the related organization					31	<u> </u>	İ
	Describe in Part XIV the intended uses of the	e organization's endowi	nent fi	ınds				
aı	rt VI Investments—Land, Buildings	, and Equipment.	See I	orm 990, Pa	rt X, line 10.			
	Description of investment			(n) Cost or other sis (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciatio	n <b>(d)</b>	Book value
a.	Land				171,000			171,000
b	Buildings				3,215,888	3,203,0	07	12,881
c	Leasehold improvements							
d	Equipment				677,809	516,0	26	161,783
e	Other							

345,664

2ant vii Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		observed on your market value
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	87,928,215	F
Other Action Attachments	07,320,213	·
T. I. (C. I. (I.) I. I. I. C. C. C. I. (I.) I. I. I.	07.020.215	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	87,928,215	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descri	otion	(b) Book value
AGREEMENTS HELD BY OTHERS		764,928
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	(5.)	
Part X Other Liabilities. See Form 990, Part >		·
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DONOR RELATED LIABILITIES	800,265	
DUE TO YESHIVA UNIVERSITY	16,414,593	
ASSET RETIREMENT OBLIGATION	1,001,892	
	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	10 216 750	
Total (Solumn (D) Should equal Form 550, Fall A, COI (D) line 25 )	18,216,750	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-2,434,429
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,097,631
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-20,532,060
4	Net unrealized gains (losses) on investments	4	-16,620,562
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-283,149
9	Total adjustments (net) Add lines 4 - 8	9	-16,903,711
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-37,435,771
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-23,902,133
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-16,903,711
3	Subtract line <b>2e</b> from line <b>1</b>	3	-6,998,422
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	4,563,993
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-2,434,429
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 2	Total expenses and losses per audited financial statements	1	13,533,638
a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	270,198
3	Subtract line <b>2e</b> from line <b>1</b>	3	13,263,440
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	4,834,191
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	18,097,631
Pai	t XIV Supplemental Information		<u> </u>

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	FORM 990, PART V, LINE 4	THE SEMINARY'S ENDOWMENT FUNDS ARE INTENDED FOR STUDENT SCHOLARSHIPS AND PRIZES AND FOR INSTRUCTION AND TRAINING
RECONCILIATION TO FINANCIAL STATEMENTS		FORM 990, SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(283,149) FORM 990, SCHEDULE D, PART XII, LINE 4B RECLASS OF STUDENT SCHOLARSHIPS \$4,834,191 RECLASS OF SPECIAL EVENT EXPENSE \$ (270,198) FORM 990, SCHEDULE D, PART XIII, LINE 4B RECLASS OF STUDENT SCHOLARSHIPS \$4,834,191 FORM 990, SCHEDULE D, PART XIII, LINE 2D RECLASS OF SPECIAL EVENT EXPENSE \$ 270,198
INVESTMENTS	SCHEDULE D, PART VII	THE SEMINARY'S PUBLICLY TRADED SECURITIES AND ALTERNATIVE INVESTMENTS REPRESENT OWNERSHIP INTERESTS IN YESHIVA UNIVERSITY'S CONSOLIDATED INVESTMENT POOL

**Employer identification number** 

### OMB No 1545-0047

B NO 1545-004

2008

Open to Public

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Name of the organization Rabbi Isaac Elchanan Theological Seminary

13-2673756 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes ALL RECRUITMENT ADVERTISEMENTS INCLUDE OUR RACIALLY NON-DISCRIMINATORY POLICY Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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As Filed Data -

DLN: 93493137048760

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization					Employer ide	entification number
кар	bı Isaac Elchanan Theolog	jical Seminary				13-267375	6
P	General Infor "Yes" to Form S			de the United States	s. Complete	e if the orgai	nization answered
1				ecords to substantiate	the amount	of the grant	s or
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistan	ıce					✓ Yes  No
2	<b>For grant makers.</b> Descri United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outsic	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
Mıd	dle East and North Africa	1	15	Program Services	EDUCATIO	N	2,610,799
	als ▶	1	15				2,610,799

L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
2	Enter total nu		ations that are re	cognized as charities	s by the foreign cou	ntry or for which the	e grantee or counse	7	

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

**Software Version:** 

**EIN:** 13-2673756

Name: Rabbi Isaac Elchanan Theological Seminary

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
-----------------------------	---	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

**Supplemental Information Regarding** 

DLN: 93493137048760

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE G

**Fundraising or Gaming Activities** Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Open to Public

Internal Revenue Service lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.					
Name of the organization Rabbi Isaac Elchanan Theological Seminary					
eological Seminary				13-2673756	
g Activities. Complete	e if the oi	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
e organization raised funds s ns ons tations	through a	ny of the	e  Solicitation of r	non-government grants government grants	
sted in Form 990, Part VII	) or entity	ın connec	tion with professional f	undraising activities?	┌ Yes ┌ No
	•				
al (ii) Activity	control of from		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes	No			
	eological Seminary  Ig Activities. Complet e organization raised funds s ins ons tations  I have a written or oral agree sted in Form 990, Part VII highest paid individuals or at least \$5,000 by the org	eological Seminary  Ig Activities. Complete if the order organization raised funds through all sons tations  Thave a written or oral agreement with sted in Form 990, Part VII) or entity highest paid individuals or entities (fat least \$5,000 by the organization fundamental sted (iii) Activity    (iii)   (iii)   (iii)   (iiii)   (iiiiiiiiii	and Activities. Complete if the organizate organization raised funds through any of the sons tations  The have a written or oral agreement with any indisted in Form 990, Part VII) or entity in connect thinghest paid individuals or entities (fundraised at least \$5,000 by the organization Form 990 (iii) Did fundraiser have custody or control of contributions?  Yes No	and all (ii) Activity  (iii) Activity  (iv) Gross receipts from activity  (iv) Gross receipts from activity	Employer ider  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  13-2673756  15-26-27-28-28-28-28-28  15-26-27-28-28-28-28  15-26-27-28-28-28  15-26-27-28-28-28  15-26-27-28-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28-28  15-26-27-28  15-26-2

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Comp more than \$15,000 on Form					report	ed
		,	(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	( <b>d)</b> To		
			DINNER	NONE	0	(Add col	(a) th   (c))	rough
			(event type)	(event type)	(total number)		. (-),	
φ	1	Gross receipts	701,567	,			70	1,567
Revenue	2	Less Charitable contributions	606,822				60	6,822
	3	Gross revenue (line 1 minus line 2)	94,745				94	4,745
	4	Cash Prizes						
ses.	5	Non-cash Prizes	11,443	3			1:	1,443
Sen	6	Rent/Facility costs	101,110				10	1,110
Direct Expenses	7	Other direct expenses	157,645	5			15	7,645
<u> </u>	8	Direct expense summary Add line	es 4 through 7 in column	(d)			27	0,198
	9	Net income summary Combine lin	_				-17	5,453
Par	_	I Gaming. Complete if the org	ganization answered			rted mor		
	ı	\$15,000 on Form 990-EZ, lin	e 6a.		T	T		
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
ш	1	Gross revenue						
<u>စ</u>	2	Cash prizes						
cbens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
돌	5	Other direct expenses						
	6	Volunteer labor	┌ Yes% ┌ No	┌ Yes	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (	d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)	🛌			
9	Ent	er the state(s) in which the organizat	tion operates gaming act	tivities			Yes	No
a b		the organization licensed to operate on No," Explain	gaming activities in each	n of these states?		· 9a		
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
11	Do	es the organization operate gaming a	ctivities with nonmembe	rs?		11		
12		the organization a grantor, beneficiar		a member of a partners	nip or other entity			

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

Schedule I

(Form 990)

Rabbi Isaac Elchanan Theological Seminary

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493137048760

**Inspection** 

Department of the Treasury Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

13-2673756

1 Does the organization main the selection criteria used 2 Describe in Part IV the organization.	ntain records to si I to award the gran	ubstantiate the amount of					
Part III Grants and Oth	er <b>Assistance</b> V, line 21 for an edule I-1 if addit	to Governments a y recipient that recei onal space is	nd Organizations	in the United Stat	res. Complete if the of find one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH STUDY NETWORK 3626 EL CAMINO REAL PALO ALTO,CA 94306	77-0555485	501(C)(3)	12,750				EDUCATION
THE SPIRITUAL SURVIVAL OF SOVIET JEWRY2525 AMSTERDAM AVENUE NEW YORK, NY 10033	13-3613278	501(C)(3)	6,000				EDUCATION
YESHIVA UNIVERSITY500 WEST 185TH STREET NEW YORK,NY 10033	13-1624225	501(C)(3)	33,000				EDUCATION
YESHIVA UNIVERSITY HIGH SCHOOLS2540 AMSTERDAM AVENUE NEW YORK, NY 10033	20-0247649	501(C)(3)	16,600				EDUCATION
SHALHEVET HIGH SCHOOL910 SOUTH FAIRFAX AVENUE LOS ANGELES, CA 90036	95-4330860	501(C)(3)	8,300				EDUCATION
TEXAS FRIENDS OF CHABAD LUBAVITCH 10900 FONDREN ROAD HOUSTON,TX 77069	23-7278350	501(c)(3)	8,300				EDUCATION
KOLLEL TORAH MITZION 70 WEST MONROE STREET CHICAGO,IL 60603	36-4348122	501(c)(3)	25,000				EDUCATION
AKIVA HEBREW DAY SCHOOL21100 WEST 12 MILES ROAD SOUTHFIELD,MI 48076	38-1750780	501(c)(3)	8,300				EDUCATION
HAFTR389 Central Avenue LAWRENCE,NY 11559	99-9999999	501(c)(3)	8,300				EDUCATION
YESHIVAT NOAM70 WEST CENTURY ROAD PARAMUS,NJ 07652	99-9999999	501(c)(3)	8,300				EDUCATION
YAVNEH ACADEMY OF DALLAS12324 MERRIT DRIVE DALLAS,TX 75251	75-2470261	501(c)(3)	8,300				EDUCATION
MACHNE ISRAEL770 EASTERN PARKWAY BROOKLYN,NY 11213	11-6042676	501(c)(3)	8,300				EDUCATION

Enter total number of section 501(c)(3) and government

Enter total number of other organizations . . . . .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	346	5,641,567			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	· · · · · · · · · · · · · · · · · · ·	ALL GRADUATE STUDENTS ADMITTED TO RIETS RECEIVE A FULL TUITION SCHOLARSHIP STUDENTS ADMITTED TO THE KOLLEL LEARNING PROGRAMS MAY ALSO RECEIVE A STIPEND AND HOUSING BENEFIT
1		
1		

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DLN: 93493137048760

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

Rabbi Isaac Elchanan Theological Seminary

**Employer identification number** 

13-2673756

Pa	Tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	✓ Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No.

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Rabbi YONA REISS (i)	91,442 0	0	4,020 0	8,750 0	51,615 0	155,827 0	0
Rabbi Ronald (i) Schwartzberg (ii)	121,859 0	0	276 0	12,161 0	65,828 0	200,124 0	0
A aron Rockoff (I)	88,050 0	0	93 0	10,211	72,278 0	170,632 0	0
(ii)							
(ii) (i)							
(ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							
(i) (ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

COMPENSATION DISCLOSURES		Schedule J - Part 1 Details of Compensation and benefits reported on Schedule J, Part II Rabbi Yona Reiss - Column B(iii) includes the following taxable benefits, University contributions to a supplemental pension plan and life insurance. Column C includes the Seminary's contribution to a Section 403(b) retirement plan. Column D includes the following non-taxable benefits, medical benefits and the use of an employer provided cellular phone for business purposes. In addition, a portion of Rabbi Reiss' salary is designated as non-taxable parsonage and is included in Column (D). Rabbi Reiss' employment began in July 2008. Rabbi Ronald Schwartzberg - Column B(iii) includes the following taxable benefit, life insurance. Column C includes the Seminary's contribution to a Section 403(b) retirement plan. Column D includes the following non-taxable benefits, medical benefits and the use of an employer.
		provided cellular phone for business purposes In addition, a portion of Rabbi Schwartzberg's salary is designated as non-taxable parsonage and is included in Column (D) Aaron Rockoff - Column B(iii) includes the following taxable benefit, life insurance. Column C includes the Seminary's contribution to a Section 403(b) retirement plan. Column D includes the following non-taxable benefits, medical benefits and the use of an employer provided cellular phone for business purposes In addition, a portion of aaron rockoff's salary is designated as non-taxable parsonage and is included in Column (D)
SCHEDULE J, PART II, COLUMN F - COMPENSATION REPORTED IN PRIOR FORM 990		THE INTERNAL REVENUE SERVICE ISSUED SUPPLEMENTAL GUIDANCE THAT COLUMN F MAY INCLUDE THE AMOUNT OF COMPENSATION EARNED BY THE LISTED PERSONS FROM JANUARY 1, 2008 THROUGH JUNE 30, 2008 THAT WAS PREVIOUSLY REPORTED IN YESHIVA UNIVERSITY'S FORM 990 FOR THE YEAR ENDED JUNE 30, 2008 THIS RESULTS FROM THE CHANGE IN 2008 FORM 990 REPORTING OF COMPENSATION FROM A FISCAL YEAR BASIS TO CALENDAR YEAR REPORTING THE FOLLOWING AMOUNTS REPRESENT THIS DUPLICATION OF COMPENSATION REPORTING DUE TO THE CHANGE FROM FISCAL YEAR TO CALENDAR YEAR REPORTING RONALD SCHWARTZBERG - \$86,017 AARON ROCKOFF - \$72,513
FROM UNRELATED FORGANIZATION L	PART VII, LINE 5 AND SCHEDULE J,	THE SEMINARY'S CHANCELLOR, PRESIDENT, VP FOR BUSINESS AFFAIRS, AND THE VP FOR LEGAL AFFAIRS ARE ALSO OFFICERS OF YESHIVA UNIVERSITY, AN AFFILIATED BUT UNRELATED ORGANIZATION FOR FORM 990 REPORTING PURPOSES PURSUANT TO AN AFFILIATION AGREEMENT, YESHIVA UNIVERSITY PROVIDES FINANCIAL, ADMINISTRATIVE, LEGAL, FACILITIES, AND HUMAN RESOURCE SERVICES TO RIETS THESE OFFICERS ARE PAID SOLELY BY YESHIVA UNIVERSITY THROUGH THE UNIVERSITY'S PAYROLL SYSTEM AND THEIR FULL COMPENSATION AND BENEFITS IS REPORTED ON YESHIVA UNIVERSITY'S FORM 990
	SCHEDULÉ J-	THE AVERAGE HOURS PER WEEK LISTED FOR THE OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES REPRESENTS THE SEMINARY'S OFFICIAL WORK WEEK HOWEVER, IN PRACTICE, SUCH INDIVIDUALS WORK SIGNIFICANTLY MORE HOURS PER WEEK AND ARE EXPECTED TO BE AVAILABLE FOR UNIVERSITY BUSINESS AT ALL TIMES OTHER THAN THE SABBATH AND THE JEWISH HOLIDAYS

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DLN: 93493137048760

OMB No 1545-0047

Inspection

## **Non-Cash Contributions**

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization **Employer identification number** Rabbi Isaac Elchanan Theological Seminary 13-2673756 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . . Cars and other vehicles Boats and planes . . . . Intellectual property . . . Securities—Publicly traded . Χ 3 140,576 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . . Other (describe 25 Other (describe \_\_\_\_ 27 Other (describe 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

**b** If "Yes", describe in Part II

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation USE OF THIRD PARTY BROKER FOR FORM 990, SCHEDULE M, PART I, THE SEMINARY USES AN UNRELATED THIRD PARTY BROKERAGE FIRM TO SELL CONTRIBUTED SECURITIES AS SALE OF NON-CASH LINE 32B CONTRIBUTIONS SOON AS POSSIBLE AFTER THE RECEIPT OF THE CONTRIBUTION

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## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493137048760

Open to Public Inspection

Name of the organization Rabbi Isaac Elchanan Theological Seminary

**Employer identification number** 

13-2673756

ldentifier	Return Reference	Explanation
NUMBER OF VOLUNTEERS	FORM 990, PART I, LINE 6	IN ADDITION TO THE BOARD MEMBERS WHO SERVE WITHOUT COMPENSATION, THE seminary UTILIZES MANY VOLUNTEERS IN THE CONDUCT OF ITS ACTIVITIES, HOWEVER, IT DOES NOT TRACK THE NUMBER OF THESE VOLUNTEERS

ldentifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A AND 4B	THE RABBISAAC ELCHANAN THEOLOGICAL SEMMARY (RETS) IS THE WESTERN HEMISPHERE'S LEADING CENTER FOR TOARH LEARNING AND TRAINING FOR THE FABBINATE FOR CVER A CENTURY. THE SEMINARY SHOULD FOR THE CASSO MOLD OF THE CREAT YESHINO TO BYDOVY NOT THE HISTORIC CONCEPT OF TORAH ILSHIMAH (LEARNING) FOR TIS OWN ASKED AND THE CREAT YESHINOT BYDOVY NOT THE HISTORIC CONCEPT OF TORAH ILSHIMAH (LEARNING) FOR TIS OWN SAKED AND THE CREAT YESHINOT BYDOVY NOT THE HISTORIC CONCEPT OF TOR THE HISTORIC CONCEPT OF TORAH ILSHIMAH (LEARNING) FOR TIS OWN ASKED AND TEACHERS THE CONTINUES OF THE HISTORIC CONCEPT OF THE HISTORIC CO

Identifier	Return Reference	Explanation
MATERIAL DIVERSION OF ASSETS	FORM 990,	IN DECEMBER 2008, BERNARD MADOFF, A FORMER YESHIVA UNIVERSITY TRUSTEE AND TREASURER, WAS CHARGED WITH CRIMINAL SECURITIES FRAUD BY THEU'S ATTORNEY FOR THE SOUTHERN DISTROT OF NEW YORK, AND THEU'S SECURITIES AND EXCHANGE COMMISSION (THE SEC) CHARGED BERNARD MADOFF AND HIS INVESTIMENT FIRM, BERNARD L. MADOFF RYSTMENT SECURITIES LLC (MADOFF), WITH SECURITIES FRAUD, AND SIDUATIONS OF FEBRUARD L. MADOFF RYSTMENT SECURITIES LLC (MADOFF), WITH SECURITIES FRAUD, AND VIOLATIONS OF FEBRUARD SECURITIES LLWS MADOFF READED GULTY, AND WAS SENTENCED, AND IS NOW IMPRISONDED IN ADDITION A FEDERAL JUDGE IN NEW YORK PROZE MADOFFS ASSETS, AND APPOINTED A TRUSTEE; (THE SIPA TRUSTEE) FOR THE LIQUIDATION OF MADOFF SASSETS PURSUANT TO THE SECURITIES INVESTOR PROTECTION ACT TRUSTEED, FOR THE LIQUIDATION OF MADOFF SASSETS PURSUANT TO THE SECURITIES INVESTOR PROTECTION ACT TRUSTEED FOR ALL LUNG HAM SEC CONSENT ORDER AGAINST BERNARD MADOFF WAS ENTERED NTO ON FEBRUARY 9, 2009, IT IS NOT POSSIBLE TO DETERMINE THE RECOVERABILITY OF ANY FUNDE SERVARD MADOFF RESISTED FROM ALL LUNKPRSITY POSITIONS ON DECEMBER 12171, 2009. THE VIVE PROTECTION ACT PRATINGES IN PROSENCE TO THE RECOVERABILITY OF THE ASOT ASSETS HAD BEEN MADOFF RESISTED FROM ALL LUNKPRSITY POSITIONS ON DECEMBER 12171, 2009. THE ASOT ASSETS HAD BEEN MADOFF RESISTED THAT AND ANY EXTRACTION NOTICE. THAT SUBSTANTIALLY ALL CF THE ASOT ASSETS HAD BEEN MADOFF RESISTED WITH MADOFF RESISTANTIALLY ALL CF THE ASOT ASSETS HAD BEEN MADOFF RESISTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH MADOFF RESISTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH A PLEATE AS THE ASOT ASSETS HAD SENDED WITH A PLOYER THAT A SUBSTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH A PLOYER THAT A SUBSTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH A PLOYER THAT A SUBSTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH A PLOYER THAT A SUBSTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH A PLOYER THAT A SUBSTANTIALLY ALL CF THE ASOT ASSETS HAD SENDED WITH A PLOYER THAT A SUBSTANTIALLY AND THE RESISTANT ASSET OF THE AS

ldentifier	Return Reference	Explanation
BOARD REVIEW OF FORM 990	FORM 990, PART VI, SECTION A, LINE 10	A DRAFT OF THE SEMINARY'S FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE SEMINARY'S FINANCE DEPARTMENT AND DIRECTOR OF TAX THE DRAFT RETURN WAS REVIEWED BY THE SEMINARY'S CHIEF FINANCIAL OFFICER, IN-HOUSE GENERAL COUNSEL, AND THE SEMINARY'S CHAIRMAN OF THE BOARD OF TRUSTEES THE FINAL VERSION OF THE FORM 990 WAS MADE AVAILABLE TO THE BOARD OF TRUSTEES VIA A SECURE WEB SITE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE THE FORM 990, AS FILED, IS MADE AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH INTERNAL REVENUE SERVICE RULES AND REGULATIONS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION A, LINE 10	Historically, the officers and board members of the Seminary have generally followed the procedures of Yeshiva University's conflict of interest policy, which requires such persons to act in a manner consistent with their responsibilities to the Seminary and avoid circumstances in which their financial or other ties to outside entities could present an actual, potential or apparent conflict of interest or impair the Seminary's reputation Covered persons are also not to engage in business with the Seminary unless disclosed to, and approved by the Board or an authorized committee During the year, Seminary covered persons submitted to the VP of Legal Affairs a disclosure statement detailing interests or transactions that may constitute a conflict of interest in addition to the disclosure statement, the VP of Legal Affairs may request from time to time confirmation from a covered person that such person's disclosure statement currently on file remains accurate. The Seminary is in the process of developing an independent conflict of interest policy.

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A AND 15B	THE COMPENSATION OF ALL EMPLOYEES EARNING IN EXCESS OF A SPECIFIED THRESHHOLD SALARY LEVEL, AS WELL AS ALL OF THE SEMINARY'S OFFICERS, IS REVIEWED BY YESHIVA UNIVERSITY'S COMPENSATION COMMITTEE OF ITS BOARD OF TRUSTEES THE COMMITTEE CONDUCTS A DETAILED REVIEW AND APPROVAL OF SUCH COMPENSATION UTILIZING COMPARABILITY DATA FROM THIRD PARTY SALARY SURVEYS, FORM 990 SALARY DISCLOSURES FROM OTHER ORGANIZATIONS, AND/OR COMPENSATION STUDIES PREPARED BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	THE SEMINARY DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THE SEMINARY DOES MAKE ITS FORM 990 AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH INTERNAL REVENUE SERVICE RULES AND REGULATIONS

ldentifier	Return Reference	Explanation
EXCESS BENEFIT TRANSACTIONS	SCHEDULE L, PART I	The Seminary's investments consist principally of ownership interests in Yeshiva University's consolidated investment pools. A company managed by Ezra J. Merkin, a former trustee of the Seminary and Yeshiva University, earned investment management fees in connection with certain investments within the consolidated investment pools. Although Mr. Merkin's company did not directly earn such investment management fees from the Seminary, the fees may have been earned indirectly through the Seminary's investment in the consolidated investment pools. Yeshiva University's Form 990, Schedule L, discloses the total fees earned by Mr. Merkin's company in connection with the consolidated investment pool and the potential application of the excess benefit transaction rules.

Part I Identification of Disregarded Entities

DLN: 93493137048760

2008

Open to Public Inspection

## SCHEDULE R (Form 990)

Name of the organization

Rabbi Isaac Elchanan Theological Seminary

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Employer identification number

13-2673756

(B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity Public charity status or foreign country) (if section 501(c)(3)) entity YESHIVA ENDOWMENT FOUNDATION INC NA 500 WEST 185TH STREET **FOUNDATION** NY 501(C)(3) 11A NEW YORK, NY10033 13-1790758 Cat No 50135Y Schedule R (Form 990) 2008 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

<b>(A)</b> Name, address, and EIN of related organization		<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Dart V	<b>Transactions with Related Organizations</b>
PailV	Transactions with Related Organizations

	<del></del>					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one o	or more related organizations listed in Parts II-IV	)			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	)		1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must o	complete this line, including covered relationships	and transaction thresholds			
	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)	YESHIVA ENDOWMENT FOUNDATION	1C		4	110,927	1
(2)						
(3)						
(4)						
(5)						

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

## Software ID: Software Version:

**EIN:** 13-2673756

Name: Rabbi Isaac Elchanan Theological Seminary

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		Posit t	(C tion ( hat a	chec		I			(E)	(F)		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
DR NORMAN LAMM , CHANCELLOR	35 0	Х		Х				0	0	0		
RICHARD JOEL , PRESIDENT	35 0	Х		Х				0	0	0		
JULIUS BERMAN , CHAIRMAN	1 0	Х						0	0	0		
HYMAN ARBESFELD , VICE CHAIRMAN	1 0	Х						0	0	0		
HERBERT SMILOWITZ, VICE CHAIRMAN	1 0	Х						0	0	0		
MOSHAEL J STRAUS , SECRETARY	1 0	X						0	0	0		
RABBI SOLOMON TRAU , TREASURER	1 0	Х						0	0	0		
BEN I ADLER , TRUSTEE	1 0	X						0	0	0		
RABBI HOWARD S BALTER , TRUSTEE	1 0	X						0	0	0		
SHAEL BELLOWS , TRUSTEE	1 0	Х						0	0	0		
HENRI BENGUALID , TRUSTEE	1 0	Х						0	0	0		
MOSHE BESSIN , TRUSTEE	1 0	Х						0	0	0		
MARVIN S BIENENFELD , TRUSTEE	1 0	Х						0	0	0		
ALVIN J BLUMENFELD , TRUSTEE - DECEASED JAN 2009	10	×						0	0	0		
LUDWIG BRAVMANN , TRUSTEE	1 0	Х						0	0	0		
ALEX FOLKMAN , TRUSTEE	1 0	X						0	0	0		
ELLIOT GIBBER , TRUSTEE	1 0	Х						0	0	0		
DR FELIX L GLAUBACH , TRUSTEE	1 0	Х						0	0	0		
ALAN E GOLDBERG , TRUSTEE	1 0	Х						0	0	0		
BENJAMIN HELLER , TRUSTEE	1 0	Х						0	0	0		
LANCE HIRT , TRUSTEE	1 0	Х						0	0	0		
MICHAEL JESSELSON , TRUSTEE	1 0	Х						0	0	0		
MORDECAI D KATZ , TRUSTEE	1 0	X						0	0	0		
DR ZVI KATZ , TRUSTEE	1 0	X						0	0	0		
MORTON L LANDOWNE, TRUSTEE	1 0	X						0	0	0		
MOSES MARX , TRUSTEE	1 0	X						0	0	0		
ERZA J MERKIN – resigned dec 2008 , TRUSTEE	1 0	Х						0	0	0		
LEON MEYERS , TRUSTEE	1 0	Х						0	0	0		
MICHAEL L OFFEN , TRUSTEE	1 0	Х						0	0	0		
IRWIN PEYSER , TRUSTEE	1 0	X	<u> </u>					0	0	0		

Form 990, Part VII - Section Aaa

		Posit t	(C ion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DANIEL E POSNER , TRUSTEE	1 0	Х						0	0	0
KURT ROTHSCHILD , TRUSTEE	1 0	Х						0	0	0
RABBI SOLOMON F RYBAK , TRUSTEE	1 0	Х						0	0	0
HENRY SCHACHAR , TRUSTEE	1 0	Х						0	0	0
DR ALVIN I SCHIFF , TRUSTEE	1 0	X						0	0	0
JOEL M SCHREIBER , TRUSTEE	1 0	X						0	0	0
CARMI SCHWARTZ , TRUSTEE	1 0	X						0	0	0
DANIEL A SCHWARTZ , TRUSTEE	1 0	X						0	0	0
DR WILLIAM SCHWARTZ , TRUSTEE	1 0	Х						0	0	0
DR WILLIAM J SCHWARTZ , TRUSTEE	1 0	Х						0	0	0
IRWIN SHAPIRO , TRUSTEE	1 0	Х						0	0	0
MORRY J WEISS , TRUSTEE	1 0	Х						0	0	0
Rabbi ZEVULUN CHARLOP , DEAN EMERITUS	35 0			х				125,608	0	16,104
Rabbi YONA REISS , DEAN	35 0			Χ				95,462	0	60,365
J MICHAEL GOWER , VP FOR BUSINESS AFFAIRS & CFO	35 0			X				0	0	0
ANDREW J LAUER , VP FOR LEGAL AFFAIRS	35 0			х				0	0	0
Rabbı Ronald Schwartzberg , DIRECTOR	35 0					Х		122,135	0	77,989
A aron Rockoff , A DMINISTRATOR	35 0					Х		88,143	0	82,489
CHAIM BRONSTEIN , ADMINISTRATOR	35 0					Х		103,910	0	31,160
Moses Tessone , ADMINISTRATOR	35 0					Х		54,505	0	69,919
Marc Penner , DIRECTOR	35 0					Х		96,226	0	35,826

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The purposes are to prepare students for the rabbinate and to issue the traditional Certificate of Ordination in connection therewith. The corporation shall be authorized to confer the degree of Master of Hebrew Literature (D.H.L.), Master of Religious Education (M.R.Ed.), and Doctor of Religious Education (D.R.Ed.), in conformity with Rules of the Board of Regents of the University of the State of New York and the Regulations of the Commissioner of Education of the State of New York for the registration of institutions of higher education.